



Municipal Police Training Committee

1380 Bay Street, Taunton, MA 02780
(508) 821-2644 FAX (508) 824-2193

APPLICATION FOR ENROLLMENT IN A FULL-TIME BASIC RECRUIT ACADEMY

INSTRUCTIONS: Application is to be made and submitted by the employing department. Complete and forward original application form to the Basic Recruit Academy Coordinator at MPTC, 1380 Bay Street, Cottage B, Taunton, MA 02780, and a copy to the Academy at which the police training session will be conducted. This application shall be returned to the employing department without consideration unless all requested information is supplied and applicable signatures provided. Applicants enrolling into an MPTC Certified Academy do not need to send their application to MPTC H.Q..

PLEASE **PRINT OR TYPE** ALL INFORMATION - MUST SUBMIT A SEPARATE APPLICATION FOR EACH ACADEMY

TO BE FILLED OUT BY EMPLOYING DEPARTMENT

LOCATION:		START DATE:
FT BASIC RECRUIT ACADEMY @		
EMPLOYING DEPARTMENT:	TELEPHONE NUMBER:	# OF SWORN OFFICERS:
()		
DEPARTMENT'S ADDRESS: (STREET, CITY/TOWN, ZIP CODE)		
CHIEF OF EMPLOYING DEPARTMENT	DEPARTMENT CONTACT: (NAME & POSITION)	

FAX NUMBER: () E-MAIL ADDRESS: _____		
APPLICANT'S NAME:		

IS APPLICANT CURRENTLY A PT RESERVE POLICE OFFICER? _____		

APPLICANT'S POSITION UPON GRADUATION OF ACADEMY:		
FULL-TIME POLICE OFFICER _____	DATE OF APPOINTMENT: _____	PART-TIME POLICE OFFICER: _____

CERTIFICATION BY THE CHIEF OF POLICE OF THE EMPLOYING DEPARTMENT

This application is approved for attendance at the police academy. The employing department agrees to abide by the regulations, policies and procedures of the Municipal Police Training Committee with regard to police academy training and understands that the program includes physical skill training. It is agreed that the applicant shall be covered by emergency health care insurance at all times while attending the Academy. The employing department agrees, in case of illness or injury, the Academy staff may take whatever actions are deemed necessary to arrange for emergency medical services. It is agreed that the applicant shall comply with entry-level medical and physical fitness standards as established by the Human Resource Division (HRD) of the Executive Office for Administration and Finance (A&F). It is agreed that all issues of civil liability shall be determined in accordance with Chapter 258 of the Massachusetts General Laws.

CHIEF'S SIGNATURE:

DATE:

TO BE FILLED OUT BY APPLICANT

APPLICANT NAME:	SS#
RESIDENTIAL ADDRESS: (STREET, CITY/TOWN, ZIP CODE)	DATE OF BIRTH:
MAILING ADDRESS: (IF DIFFERENT FROM RESIDENTIAL)	TELEPHONE NUMBER: ()
HIGH SCHOOL GRADUATE: <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR OF GRAD: _____ GED: <input type="checkbox"/> YES <input type="checkbox"/> NO	COLLEGE MAJOR: _____ <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS
MILITARY SERVICE:	DATES OF SERVICE:

Disclosure of the following does not affect applicant's enrollment status. Attach additional pages if necessary.

Current Comprehensive Medical : (mm/dd/yy) (Valid for 6 months – not to be expired Day 1)	Current PAT: (mm/dd/yy) (Valid for 6 months – not to be expired Day 1)
CURRENT CHRONIC MEDICAL/PHYSICAL CONDITIONS:	ALLERGIES: (Medicines, foods, insect bites, Etc.)
HAVE YOU EXPERIENCED ANY OF THE FOLLOWING DURING EXERCITION? <input type="checkbox"/> YES <input type="checkbox"/> NO DIZZINESS FAINTNESS CHEST PAIN SHORTNESS OF BREATH IF YES, EXPLAIN:	ARE YOU CURRENTLY TAKING MEDICATIONS? (PRESCRIPTION & NON-PRESCRIPTION) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:
EMERGENCY HEALTH INSURANCE COMPANY: (NAME, GROUP NUMBER, POLICYHOLDER NUMBER):	DO YOU WEAR CORRECTIVE LENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GLASSES <input type="checkbox"/> CONTACT LENSES
IN CASE OF EMERGENCY, CONTACT: (NAME & RELATIONSHIP)	EMERGENCY CONTACT TELEPHONE NUMBER: ()

CERTIFICATION BY APPLICANT

I agree to comply with all regulations, policies, and procedures set forth by the Municipal Police Training Committee with regard to police academy training and understand that I may be subject to dismissal from the Academy for violations or non-compliance thereof. I also agree that, in case of illness or injury, the Academy staff may take whatever actions are deemed necessary to arrange for emergency medical services. I certify that I am in good health, physically fit and will possess emergency health care insurance coverage at all times while attending the Academy. I agree that all issues of civil liability shall be determined in accordance with Chapter 26 of Massachusetts General Laws.

SIGNATURE:

DATE: